PTO/SB/22 (06-04)
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Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$	ETITIO	N FOR	REXTENSION OF TIME UNDER 33	Docket Number (Optional) 5236-000296/US		
In the content of the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified polication. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	pplicatio	n Numb	per 10/047,450		Filed January 14,	2002
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified pplication. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	or M	lethod (of Localizing Medical Devices	***		
Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 080750. I have enclosed a duplicate copy of this sheet WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration number 13.441 September 23, 2005 Date 314-726-7500	rt Unit	3737			Examiner William	C. Jung
Fee Small Entity Fee George Small Entity Fee Small En	pplication.	•				
□ One month (37 CFR 1.17(a)(1)) \$120 \$60 \$	ne reques	stea exte	rision and tee are as lollows (check time pe			ow).
Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$						¢
Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$			One month (37 CFR 1.17(a)(1))	\$120		
Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$			Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$		\boxtimes	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510</u>
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 080750. I have enclosed a duplicate copy of this sheet WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Authorized attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). September 23, 2005 Date Bryan K. Wheelock 314-726-7500			Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
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Bryan K. Wheelock 314-726-7500		\mathcal{L}	Thellock		September 23	, 2005
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Typed or printed name Telephone Number					· · · · · ·	
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple form	OTE: 0!~	sturne of -	- · · · · · · · · · · · · · · · · · · ·	a interact or their server	·	

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.